



*IPW RCE
2814*

**REQUEST FOR
CONTINUED EXAMINATION
(RCE) TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/085,869
Filing Date	February 28, 2002
First Named Inventor	Wai Yew Lo
Group Art Unit	2814
Examiner Name	Phat X. Cao
Attorney Docket Number	SC11867MP

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO).

1. Submission required under 37 C.F.R. 1.114 Note: if the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - a. Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.
 - i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - ii. Other _____
 - b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement originally submitted on May 10, 2004. Return post card received by us on May 21, 2004.
 - iv. Other _____
2. Miscellaneous
 - a. Suspension of Action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.117(i) required.)
 - b. Other _____
3. Fees The RCE fee under 37 C.F.R. 1.117 (e) is required by 37 C.F.R. 1.114 when the RCE is filed.
 - a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. **503079, Freescale Semiconductor, Inc.**
 - i. RCE fee required under 37 C.F.R. 1.17(e) **07/28/2004 HAL111 00000062 503079 10085869**
 - ii. Extension of time fee (37 C.F.R. 1.136 and 1.17) **01 FC:1801 770.00 DA**
 - iii. Other _____
 - b. Check in the amount of \$ _____ enclosed..
 - c. Payment by credit card (Form PTO-2038 enclosed)

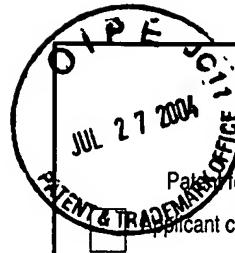
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Printed/Type) Signature	Joanna G. Chiu <i>Joanna G. Chiu</i>	Reg. No. 43,629
		Date <u>7/23/04</u>

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on: 7-23-04

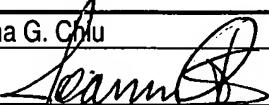
Name	Pat Thomas	Signature	<i>Pat Thomas</i>
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FEE
TRANSMITTAL

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
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Filing Date	February 28, 2002
First Named Inventor	Wai Yew Lo
Examiner Name	Phat X. Cao
Group Art Unit	2814
TOTAL AMOUNT OF PAYMENT	(\$ 770)
Attorney Docket No.	SC11867MP

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)									
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES								
<input checked="" type="checkbox"/> Deposit Account:				<table border="1"> <tr> <td>Deposit Account Number</td> <td>503079</td> </tr> <tr> <td>Deposit Account Name</td> <td>Freescale Semiconductor, Inc..</td> </tr> </table>				Deposit Account Number	503079	Deposit Account Name	Freescale Semiconductor, Inc..		
Deposit Account Number	503079												
Deposit Account Name	Freescale Semiconductor, Inc..												
The Director is authorized to: (check all that apply) <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/> Charge fee(s) indicated below</td> <td><input checked="" type="checkbox"/> Credit any overpayments</td> </tr> <tr> <td><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.</td> <td></td> </tr> </table>								<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments	<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	
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<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application													
<input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.													
FEE CALCULATION													
1. BASIC FILING FEE													
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid									
1001	770	2001	385	Utility filing fee	<input type="text"/>								
1002	340	2002	170	Design filing fee	<input type="text"/>								
1003	530	2003	265	Plant filing fee	<input type="text"/>								
1004	780	2004	385	Reissue filing fee	<input type="text"/>								
1005	160	2005	80	Provisional filing fee	<input type="text"/>								
SUBTOTAL (1) (\$)													
2. EXTRA CLAIM FEES													
Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Description	Fee Paid								
Independent Claims	<input type="text"/> - <input type="text"/> = <input type="text"/>	<input type="text"/> X <input type="text"/> = <input type="text"/>	<input type="text"/> X <input type="text"/> = <input type="text"/>										
Multiple Dependent		<input type="text"/> = <input type="text"/>											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description									
1202	18	2202	9	Claims in excess of 20									
1201	84	2201	42	Independent claims in excess of 3									
1203	280	2203	140	Multiple dependent claim, if not paid									
1204	84	2204	42	* Reissue independent claims over original patent									
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent									
SUBTOTAL (2) (\$)													
* Reduced by Basic Filing Fee Paid													
SUBTOTAL (3) (\$ 770)													
Complete (if applicable)													
Name (Print/Type)	Joanna G. Chiu			Registration No.	43,629	Telephone	(512) 996-6839						
Signature				Date	7/23/04								